

## Application Form: Access to Higher Education Diploma

### Applicant's details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: M / F

National Insurance No. \_\_\_\_\_

### Which pathway are you applying for (please tick)?

Access to Health Professions

Access to Humanities and Social Science

Access to Social Science - Distance Learning

### How did you find out about this course?

### Previous Study

Outline existing qualifications (complete all that apply)	Tick ✓	Please list qualification(s) achieved and grades (if applicable)
None		
Entry/Level 1 qualifications		
Level 2 (5 x GCSEs A*-C / AS Levels / NVQ 2 or equiv)		
Level 3 (2 x A levels, NVQ 3 or equiv)		
Level 4 (Degree, HND)		
Other		

### Do you require any additional financial support to complete this course? (Eg. for child-care or travel)

### Are there any days/dates that would be difficult to attend for an interview or induction session?

## Support Needs

### Learning Difficulty

I consider myself to have a Learning Difficulty that may affect my learning. Please tick the most appropriate box.

- |                             |                                    |                             |   |
|-----------------------------|------------------------------------|-----------------------------|---|
| 20 <input type="checkbox"/> | autism spectrum disorder           | 97 <input type="checkbox"/> | other   |
| 10 <input type="checkbox"/> | dyslexia                           | 98 <input type="checkbox"/> | I do not consider that I have a Learning Difficulty |
| 11 <input type="checkbox"/> | dyscalculia (number)               |                             |   |
| 19 <input type="checkbox"/> | other specific learning difficulty |                             |   |

### Disability or Health Problem

I consider myself to have a Disability or Health Problem that may affect my learning. Please tick the most appropriate box.

- |                             |   |                             |  |
|-----------------------------|---|-----------------------------|--|
| 01 <input type="checkbox"/> | visual impairment                                       | 08 <input type="checkbox"/> | temporary disability after illness (eg post-viral) or accident |
| 02 <input type="checkbox"/> | hearing impairment                                      | 09 <input type="checkbox"/> | profound/complex disabilities                                  |
| 03 <input type="checkbox"/> | disability affecting mobility                           | 10 <input type="checkbox"/> | Aspergers syndrome   |
| 04 <input type="checkbox"/> | other physical disability                               |                             |  |
| 05 <input type="checkbox"/> | other medical condition (eg diabetes, epilepsy, asthma) | 90 <input type="checkbox"/> | multiple disabilities  |
| 06 <input type="checkbox"/> | emotional/behavioural difficulties                      | 97 <input type="checkbox"/> | other  |
| 07 <input type="checkbox"/> | mental health difficulty                                | 98 <input type="checkbox"/> | I do not consider that I have a Disability or Health Problem.  |

Do you need any help to enable you to succeed on the course? If yes, please state (or attach a note):

## Ethnicity

- |  |  |   |   |  |
|--|--|---|---|--|
| <u>White</u><br>English/Welsh/Scottish/<br>Northern Irish/British <input type="checkbox"/><br>Irish <input type="checkbox"/><br>Gypsy or Irish Traveller <input type="checkbox"/><br>Other White background <input type="checkbox"/> | <u>Mixed/Multiple Ethnic Back-<br/>ground</u><br>White and Black Caribbean <input type="checkbox"/><br>White and Black African <input type="checkbox"/><br>White and Asian <input type="checkbox"/><br>Any other mixed/multiple<br>background <input type="checkbox"/> | <u>Asian/Asian British</u><br>Indian <input type="checkbox"/><br>Pakistani <input type="checkbox"/><br>Bangladeshi <input type="checkbox"/><br>Chinese <input type="checkbox"/><br>Any other Asian<br>background <input type="checkbox"/> | <u>Black/African/<br/>Caribbean/Black<br/>British</u><br>African <input type="checkbox"/><br>Caribbean <input type="checkbox"/><br>Any other Black/<br>African/Caribbean<br>background <input type="checkbox"/> | <u>Other ethnic group</u><br>Arab <input type="checkbox"/><br>Any other ethnic group<br><input type="checkbox"/><br>Prefer not to say <input type="checkbox"/> |
|--|--|---|---|--|

## Employment Status

- |   |  |
|---|--|
| Employed full-time <input type="checkbox"/> | Employed part-time <input type="checkbox"/>    |
| Self-employed <input type="checkbox"/>      | Unemployed or unwaged <input type="checkbox"/> |
| Retired <input type="checkbox"/>            |  |

## Fees

Will you be applying for an Advanced Learning Loan to cover the fees for this course?

- |  |                                   |
|--|-----------------------------------|
| Yes <input type="checkbox"/>   | No <input type="checkbox"/>       |
| For part of the fee <input type="checkbox"/>                           | Not sure <input type="checkbox"/> |
| I would like more information before deciding <input type="checkbox"/> |                                   |

**Learner Signature:** .....

**Date:** \_\_ / \_\_ / 20 \_\_

Please return the completed form to Katie Easey, CLIP, 8 Queen Street, Market Rasen, Lincolnshire, LN8 3EH or scan and email to [katie@cliplearning.com](mailto:katie@cliplearning.com) or drop it into your local CLIP Learning Centre in Gainsborough, Market Rasen or Mablethorpe, marking the envelope "Access to HE Diploma"

**PLEASE NOTE THAT THERE IS ONE MORE QUESTION TO COMPLETE ON THE NEXT PAGE**

**Please outline below the reasons you would like to do the Access Diploma including what you think you will gain from it and what you would like to do in the future.**

**You should aim to write between 200– 400 words and think carefully about how to write and organise your answer. You should write in sentences and check your spelling. If you would prefer to word-process your answer, please staple it to this application form. Whether you hand-write or type, please remember to sign the statement overleaf.**

I confirm that my answer to this question is all my own work.

Signed: .....

Date: .....